



OGEYSIISKA TAALABO QORSHEYSHAN
QORISTA IYO JOOJINTA OGGALAANSHA (WAIVER)
PLANNED ACTION NOTICE
WAIVER ENROLLMENT AND TERMINATION

ADREESKA IYO MAGACA MACMILKA

MAGACA IYO ADREESKA WAKIILKA

DDD waxay gaadhad go'aan ku saabsan qoristaada Oggalaanshaha Adeeg DDD ee ku Saleysan Guri iyo Beel (DDD Home and Community Based Services Waiver).

QORISTA OGGALAANSHABA

- Waxa la aqbalay in lagu qoro Oggalaanshaha DDD HCBS (DDD HCBS Waiver) ee socda:
- Basic (Asaasi)
 Basic Plus (Aasaasi Dheeraad ah)
 CORE
 Community Protection Waiver (Oggalaansho Badbaadin Beeleed)

Taariikhda la bilaabayo qorista oggalaanshahan waa: _____.

Waxa aad wici kartaa Maamulahaaga Faylka/Adeegga (Case/Resource Manager) (CRM) si aad u heshid war iyo qorsheyn dheeraad ah.

| | |
|----------|------------------|
| CRM NAME | TELEPHONE NUMBER |
|----------|------------------|

JOOJIN OGGALAANSHO

- Wakhtigan kuuma banaana inaad ku jirtid Oggalaanshaha DDD ee ku Saleysan Guri iyo Beel (DDD HCBS Waiver) ee soo socda:
- Basic Basic Plus CORE Community Protection Waiver

Taariikhda hirgalista joojinta u-banaanaanta iyo adeegyada waa: _____.

Sababta joojintan:

- | | |
|---|------------------------------------|
| <input type="checkbox"/> Kama soo baxaysid shuruudda oggalaanshaha. | WAC 388-845-0030 |
| <input type="checkbox"/> Waxa imminka lagu qoraya oggalaansho DDD HCBS oo nooc kale ah. | WAC 388-845-0045; 0080; 3085 |
| <input type="checkbox"/> Wakhtigan uma baahnid ama ma isticmaashid adeeg oggalaansho. | WAC 388-824-0030(6) ama 0060(2)(3) |
| <input type="checkbox"/> Waxa aad ku jirtaa oggaalansho Badbaadin Beel (Community Protection waiver) waxana aad dooratay in aanuu kuu adeegin Adeeg-bixiye Badbaadin Beel oo shahaado haysta. | WAC 388-845-0060(4) |
| <input type="checkbox"/> Waxa aad dooratay in aad ka baxdid oggalaanshaha. | WAC 388-845-0060(5) |
| <input type="checkbox"/> Waxa aad dagan tahay meel ka baxsan gobolka. | WAC 388-845-0060(6) |
| <input type="checkbox"/> Waa lagu waayay ama waa lagu heli waayay wakhtigii dib-u-qiimeyeenta u-banaanaanta ee sannadlaha ah. | WAC 388-845-0060(7) |
| <input type="checkbox"/> Waxa aad diiday inaad ka qaybgashid qorsheynta adeeggaaga, ama hubinta tayada ama hawlaho la-socdka. | WAC 388-845-0060(b)(c) |
| <input type="checkbox"/> Waxa aad diidan tahay adeegyada lagu oggalaaday qorshahaaga daryeelka ee laga soo qaaday inay lagama-maarman u yihiin haqabtirkha baahidaada caafimaad iyo amaan. | WAC 388-845-0060(c) |
| <input type="checkbox"/> Waxa aad dagan tahay goob hay'adeed. | WAC 388-845-0060(9) |
| <input type="checkbox"/> Baahidaadu waxay ka badan tahay waxa lagu bixin karo oggalaanshahaaga. | WAC 388-845-0000 ama 3085 |

XUQUUQDAADA RAFCAAN/AMBIIL

Waxa aad xaq u leedahay inaad codsatid Dhageysi Maamul (Administrative Hearing) haddii aanad raali ka ahayn joojinta u-banaanaanta oggalaanshaha.

Haddii joojinta oggalaansho ay sabab u tahay u-banaanaan la'aantaada Medicaid ama naafso 'Social Security', ma lihid xaq racfaan/ambii oo aad ka qaadatid DDD. Xuquuqdaada waxa aad kala hadli doontaa hay'adda gaadhay go'aanka u-banaanaan la'aanta.

Waxa aad haysataa sagaashan (90) maalmood laga bilaabo helista ogeysiiskan oo aad racfaan ama ambiil kaga qaadatid talaabadan.

- Haddii aad imminka qaadatid adeegyo ay lacagtooda bixiso DDD oo aad doonaysid in u-banaanaanta oggalaanshaha iyo adeegyadu sii socdaan inta lagu jiro racfaankaaga, waa inaad codsigaaga dhageysi maamul xereysatid ugu dambeyn: _____
- Haddii aad dooratid inaad sii wadatid adeegyada lacagtooda lagaa bixiyo isla markaana uu go'aanka kama-dambeysta ahi taageero talaabada qaybta, waxa aad masuul ka noqon doontaa inaad dib u bixisid ama soo gudid ilaa 60 maalmood oo ah adeegyada lacagtoodii la bixiyay.
- Haddii aanad doonaynin in adeegyada lacagtooda lagaa bixiyo sii socdaan, la soo xidhiidh:

_____ oo laga helo _____

MAAMULAHFA FAYLKA/ADEEGGA

LAMBAR TELEEFON

Waxa aad leedahay xuquuqda soo socota:

1. In wakiil ama qareen laguu noqdo (waxa laga yaabaa inuu kuu banaan yahay gargaar sharci oo bilaash ah):
2. Inaad codsatid koobiga faylkaaga iyo dhamaan warka ay DDD dib u eegtay si ay u gaadho go'aankeeda;
3. Inaad keentid dukumentiyo markhaati ah;
4. Inaad ka marag-furtid dhageysiga iyo inaad keentid markhaatiyo adiga kuu marag-fura; iyo
5. Inaad su'aalo weydiisid markhaatiyada u marag-furaya wasaaradda.

Foom lagu codsado dhageysi maamul ayaa halkan la socda.

MA QABTAA WAX SU'AALO AH?

Haddii aad qabtid wax su'aalo ah oo ku saabsan go'aankan u-banaanaanta ama xuquuqda racfaanka/ambii, la soo xidhiidh

| | | |
|-------|-----------------|--------------|
| MAGAC | LAMBAR TELEEFON | XAFIIS DEGMO |
|-------|-----------------|--------------|



**OGEYSIISKA TALAABO
QORSHEYSAN
QORITAANKA IYO JOOJINTA
OGGALAANSH DDD (DDD WAIVER)
CODSI DHAGEYSI**
marka la eego Qaybta 388-02 ee xeerarka
dhageysiga ee DSHS.

| | |
|--|------------------|
| FOR AGENCY USE ONLY | |
| <input type="checkbox"/> Oral request taken by: | |
| NAME | TELEPHONE NUMBER |
| INVOLVED DIVISION/ORGANIZATION | |

U SOO DIR: OFFICE OF ADMINISTRATIVE HEARING (OAH), MAIL STOP: 42489
PO BOX 42489
OLYMPIA WA 98504-2489

FAAKIS: 360-586-6563

Waxa aan codsanayaan dhageysi sababta oo ah waxa aanan raali ka ahayn go'aanka soo socda ee ay gaadhey Qaybta Naafada Maskaxda (Division of Developmental Disabilities) (DDD):

| | | | | |
|--------------------------------------|-------------------------------------|--|---------------------------------------|---|
| MAGACAAGA (FADLAN XURUUF KALA GO'AN) | TAARIKH DHALASHO | LAMBARKA SUGIDDA BULSHADA (SOCIAL SECURITY NUMBER) | | |
| ADREESKA QOKA CODSANAYA DHAGEYSIGA | LAMBARKA AQOONSIGA (ID) EE MACMILKA | | | |
| MAGAALO | GOBOL | SUMMAD (ZIP) | LAMBAR TELEEFON (KU DAR FURAHA AAGGA) | <input type="checkbox"/> TELEEFON FARIN |

Waxa go'aanka la i ogeysiyyay taariikhdu markii ay ahayd: _____ waxana i ogeysiyyay: _____
TAARIKH MAGACA IYO GOOBTA XAFIISKA DSHS

Waxa aan doonayaan gargaar sii socda, haddii uu ii banaan yahay: Haa May Barnamij: _____

Waxa wakiil iga ah (Haddii aad adigu isu hadli doontid, ha buuxin labada layn ama sadar ee soo socda):

| | | | |
|-------------------|---------|-----------------|--------------|
| MAGACA WAKILKAAGA | HAY'AD | LAMBAR TELEEFON | |
| ADREES | MAGAALO | GOBOL | SUMMAD (ZIP) |

| | |
|---|---------|
| <input type="checkbox"/> Waxa aan amrayaa in warka ku saabsan dhageysigayga la siiyo wakiilkayga. | TAARIKH |
| SAXEEXAAGA | |

Ma u baahan tahay turjubaan ama gargaar kale ama ku-talgal inta dhageysigu socdo? Haa Maya
Haddii ay tahay haa, waa maxay afku ama gargaarku? _____

Xaakinnada Sharciga Maamulka (Administrative Law Judges) (ALJ's) waxay dhageysiyyada qaarkood ku sameyn karaan telefonka. Haddii aad doonaysid inaad u beddelatid dhageysi la is hor imanayo, raac fariimaha ku yaala Ogeysiiska Dhageysiga ee uu kuu soo diri doono OAH.

DDD WAIVER ENROLLMENT AND TERMINATION PLANNED ACTION NOTICE INSTRUCTIONS

Completing the Form

1. Waiver Enrollment:
 - The effective date of the waiver enrollment on the first page of the Planned Action Notice is the date the Case Resource Manager signs the Plan of Care (POC). Remember: All of the items must be completed on the Waiver Eligibility Determination Checklist (10-274) before you can sign the POC.
2. Waiver Termination:
 - The effective date of the termination for waiver eligibility and services on the first page of the Planned Action Notice is a minimum of 10 days from the mailing of the Planned Action Notice then extending to the end of the month of the tenth day.
 - When the client is moving from one waiver to another the termination date is the day before the waiver enrollment effective date.
3. It is preferable that any:
 - Service termination occurs the last day of the month, and
 - Service reduction occurs the first day of the month.
4. The appeal date on the second page of the Planned Action Notice is calculated by counting ten (10) days from the date of mailing - the tenth day must be a working day - and extending to the end of the month.
 - Services continue if an appeal is filed in a timely manner except for circumstances listed in WAC 388-825-150.
5. The client is instructed to return the form if they choose NOT to have services or eligibility continue during the appeal. If they choose to contact you by telephone, note that they have requested to discontinue services in the CARE SER and terminate services the same date as the termination effective date on the first page.